

THE CAMELOT CLASSIC October 10-13, 2019 to be held at The Santa Barbara Polo Club
 Mail to: Denise Weimers, P.O. Box 4036, Sunland, CA 91041 or Fax to: 818/360-2332

HORSE

NAME _____
 STABLE WITH _____
 USHJA # _____
 Color _____ Height _____
 Sex _____ Birthdate _____
 Chip # _____

OWNER

NAME _____
 ADDRESS _____
 CITY, STATE, ZIP _____
 EMAIL _____ PHONE _____
 B'DAY _____ USEF # _____ USHJA # _____
 PCHA # _____ SFHJA # _____

TRAINER

NAME _____
 ADDRESS _____
 CITY, STATE, ZIP _____
 EMAIL _____ PHONE _____
 B'DAY _____ USEF # _____ USHJA # _____
 PCHA # _____ SFHJA # _____

RIDER ONE

NAME _____
 ADDRESS _____
 CITY, STATE, ZIP _____
 EMAIL _____ PHONE _____
 B'DAY _____ USEF # _____ USHJA # _____
 PCHA # _____ SFHJA # _____

RIDER TWO

NAME _____
 ADDRESS _____
 CITY, STATE, ZIP _____
 EMAIL _____ PHONE _____
 B'DAY _____ USEF # _____ USHJA # _____
 PCHA # _____ SFHJA # _____

PRIZE MONEY PAYEE

NAME _____
 ADDRESS _____
 CITY, STATE, ZIP _____
 EMAIL _____ TAX ID _____

RIDER ONE CLASSES

USEF #	USHJA						

RIDER TWO CLASSES

USEF #	USHJA						

MANDATORY FEES

- CA Drug Fee \$5
- USEF (\$15 Drug & \$8 USEF) \$23
- PCHA Fee \$3
- SFHJA Fee \$3
- Medic Fee \$10
- USHJA Zone Fee \$2
- USEF Show Pass Fee (Non Member) \$45
- USHJA Show Pass Fee (Non Member) \$30
- Show parking permit (daily parking permit \$15) \$45

RELEASE, ASSUMPTION OF RISK, WAIVER AND INDEMNIFICATION This document waives important legal rights. Read it carefully before signing.

I AGREE in consideration for my participation in this Competition to the following:
 I AGREE that "the Federation" and "Competition" as used herein includes the Licensee and Competition Management, as well as all of their officials, officers, directors, employees, agents, personnel, volunteers and Federation affiliates.
 I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, valet, longeur, lessee, owner, agent, coach, trainer, or as parent or guardian of a junior exhibitor. I am fully aware and acknowledge that horse sports and the Competition involve inherent dangerous risks of accident, loss, and serious bodily injury including broken bones, head injuries, trauma, pain, suffering, or death ("Harm").
 I AGREE to hold harmless and release the Federation and the Competition from all claims for money damages or otherwise for any Harm to me or my horse and for any Harm of any nature caused by me or my horse to others, even if the Harm arises or results, directly or indirectly, from the negligence of the Federation or the Competition.
 I AGREE to expressly assume all risks of Harm to me or my horse, including Harm resulting from the negligence of the Federation or the Competition.
 I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) the Federation and the Competition to hold them harmless with respect to claims for Harm to me or my horse, and for claims made by others for any Harm caused by me or my horse while at the Competition.
 I have read the Federation Rules about protective equipment, including GR01 and, if applicable, EV114, and I understand that I am entitled to wear protective equipment without penalty, and I acknowledge that the Federation strongly encourages me to do so while WARNING that no protective equipment can guard against all injuries.
 If I am a parent or guardian of a junior exhibitor, I consent to the child's participation and AGREE to all of the obligations of this Release on the child's behalf. I represent that I have the requisite training, coaching and abilities to safely compete in this competition.
 I AGREE that if I am injured at this competition, the medical personnel treating my injuries may provide information on my injury and treatment to the Federation on the official USEF accident/injury report form.
BY SIGNING BELOW, I AGREE to be bound by all applicable Federation Rules and all terms and provisions of this entry blank and all terms and provisions of this Prize List. If I am signing and submitting this Agreement electronically, I acknowledge that my electronic signature shall have the same validity, force and effect as if I affixed my signature by my own hand.

RIDER ONE/HANDLER
 Signature _____
 Print Name _____

OWNER/AGENT
 Signature _____
 Print Name _____

TRAINER
 Signature _____
 Print Name _____

RIDER ONE/HANDLER
 Signature _____
 Print Name _____

PARENT/GUARDIAN
 Signature _____
 Print Name _____

EMERGENCY PHONE NUMBER

CREDIT CARD INFO

NAME _____
 NUMBER _____
 SIGNATURE _____
 EXPIRES _____
 ZIP _____

TOTAL _____

For each horse entered send only \$100 deposit, Stall fee, and Nominating fee (if any) for each stall ordered, along with your completed entry blank. Completed entries received by Sept. 16 will have \$50 credited toward their entries.